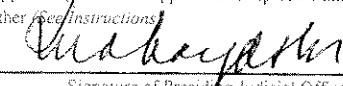


## SCIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE HIXHO	2. PERSON REPRESENTED STACY HUNTER (09)		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 02-00523-10 HG	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER MC 08-00142 HG-LEK	
7. IN CASE/MATTER OF (Case Name) USA V. Leslie Gentry	8. PAYMENT CATEGORY Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> <input type="checkbox"/> Misdemeanor <input type="checkbox"/> X Other <input type="checkbox"/> <input type="checkbox"/> Appeal <input type="checkbox"/> OSC <input type="checkbox"/>	9. TYPE PERSON REPRESENTED X Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other <input type="checkbox"/>	10. REPRESENTATION TYPE (See Instructions)	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list up to five major offenses charged, according to severity of offense.				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix). AND MAILING ADDRESS LYNN PANAGAKOS, ESQ. #7696 345 QUEEN STREET, 2 <sup>ND</sup> FLOOR HON., HI 96813		13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> X P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel		
Telephone Number: (808) 521-3336		Prior Attorney's RICHARD PAFUNDI, ESQ.		

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> X P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel
Prior Attorney's RICHARD PAFUNDI, ESQ.
Appointment Dates: _____
<input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR
<input type="checkbox"/> Other (See Instructions) 
Signature of Presiding Judicial Officer or By Order of the Court
8/21/08 Date of Order 8/21/08 Nunc Pro Tunc Date
Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO

## CLAIM FOR SERVICES AND EXPENSES

## FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
13. a. Arraignment and/or Plea						
b. Bail and Detention Hearings						
c. Motion Hearings						
d. Trial						
e. Sentencing Hearings						
f. Revocation Hearings						
g. Appeals Court						
h. Other (Specify on additional sheets)						
(RATE PER HOUR = \$ )		TOTALS:				
16. a. Interviews and Conferences						
b. Obtaining and reviewing records						
c. Legal research and brief writing						
d. Travel time						
e. Investigative and other work (Specify on additional sheets)						
(RATE PER HOUR = \$ )		TOTALS:				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expen., transcripts, etc.)						
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____	<input type="checkbox"/> Supplemental Payment
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Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?  YES  NO If yes, were you paid?  YES  NO

If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney \_\_\_\_\_

Date \_\_\_\_\_

## APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII  
300 ALA MOANA BLVD. RM C-353  
HONOLULU, HAWAII 96850

LESLIE E. KOBAYASHI  
UNITED STATES MAGISTRATE JUDGE

TELEPHONE: (808) 541-1331  
FAX: (808) 541-1386

August 21, 2008

Lynn E. Panagakos, Esq.  
345 Queen Street  
2nd Floor  
Honolulu, Hawaii 96813

Re: USA v. Stacy Hunter  
CR. NO. 02-00523-10 HG

Dear Ms. Panagakos:

Thank you for accepting the court's appointment to represent Stacy Hunter in the above-entitled matter.

Enclosed is your appointment voucher.

As a reminder, any withdrawal and substitution of counsel, whether the substitute counsel is a panel attorney or a retained attorney, must have the prior approval of this court.

Very truly yours,

  
Leslie E. Kobayashi  
United States Magistrate Judge

LEK:sq

Enclosure